



CITY OF LONG BEACH
DEPARTMENT OF HEALTH AND HUMAN SERVICES
BUREAU OF ENVIRONMENTAL HEALTH
COMMUNITY EVENT ORGANIZER PERMIT APPLICATION
ORGANIZER PERMIT FEE \$82.00

Date of Application: _____

Name of Event: _____

Date of Event: _____

Location of Event: _____

Name of Organizer: _____ Phone #: _____

Contact Person: _____ Phone #: _____

Address of Organization	D.L. # of Contact
_____	_____

Number of Temporary Food Facilities* _____

*Attach a separate sheet listing the names, addresses and phone numbers of all the vendors.

NOTE: All temporary food facilities must have an individual health permit.

Pre-Packaged Only Food Booths: _____

Food Preparation Food Booths: _____

Note: If food booths are supplied, they must comply with the booth requirements as set forth in the City of Long Beach temporary food facilities handout.

Method of Liquid Waste Removal: _____

Method of Solid Waste Removal: _____

If the event is at night, is adequate lighting provided for the event? **Y / N / NA**

DRAW OR PROVIDE A SITE PLAN WHICH INCLUDES THE FOLLOWING:

1. Location of all temporary food facilities
2. Location of all toilets.
3. Location of all hand sinks. Note: Each hand sink may be shared by a maximum of four (4) booths handling unpackaged food or a maximum of eight (8) booths handling pre-packaged food.
4. Location of all shared utensil washing sinks. Note: A maximum of four (4) booths may share one (1) three (3) compartment utensil sink.
5. Location of janitorial facilities.

Note: The site plan must be drawn to scale and according to the guidelines listed in the Community Event Organizer section of the City of Long Beach Temporary Food Facilities guidelines.

THE COMMUNITY EVENT ORGANIZER IS RESPONSIBLE FOR THE MAINTENANCE AND PROPER OPERATION OF ALL SHARED FACILITIES. THE COMMUNITY EVENT ORGANIZER IS ALSO RESPONSIBLE FOR ENSURING THAT ALL TEMPORARY FOOD FACILITIES ARE IN COMPLIANCE WITH ALL APPLICABLE SECTIONS OF CALIFORNIA HEALTH AND SAFETY CODE (CURFFL).

SIGNATURE OF APPLICANT

DATE

DEPARTMENT USE ONLY

Event Organizer Fee: \$82.00

Approved by: _____ Date: _____